

Page 1 of 1

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)		NORMAL WORK HOURS	
11/19: Staffed Governor's Press Conference re: Race to the Top		PRIVATE VEHICLE LICENSE NUMBER	
11/24-25: Staffed Governor in LA		MILEAGE RATE CLAIMED	
		0.445	
		AGENCY ACCOUNTING OFFICE	
		USE ONLY	
I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.		PAID BY REVOLVING FUND CHECK NUMBER	
relating to vehicle safety and seat belt usage.		240831	
ADMINISTRATIVE SIGNATURE	DATE	VEHICLE AND PAYMENT	DATE
	12/17/09		1/4/10
SIGNATURE OF TRIP PARTICIPANT FOR TRAVEL EXPENSE			DATE
			1/6/10